


<p style="text-align: center;">Kentucky Public Health Laboratory 100 Sower Blvd., North Loading Dock, P.O. Box 2020 Frankfort, Kentucky 40602-2020 Phone: 502/564-4446 Fax: 502/564-7019 Jeremy Hart, MD, FCAP, Director</p> <hr/> <p style="text-align: center;">(Please complete a separate form for each water supply.)</p>		 <p style="font-size: 1.2em; font-weight: bold;">Fluoride Test For Supplement Program</p>	
<p>Name of Child(ren): _____ Sex: _____ DOB: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Home Address _____</p> <p>City _____ State _____ Zip Code _____</p>			
<p>Name of Parent or Guardian: _____</p> <p>_____</p>			
<p>Send Report To: _____</p> <p>Office/Clinic _____</p> <p>Street Address (P.O. Box) _____</p> <p>City _____ State _____ Zip Code _____</p> <p>County _____ () Phone Number _____</p>			
<p>Specimen Information:</p> <p>Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> City <input type="checkbox"/> Bottled Water</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other, specify _____</p>			
<p>Laboratory Findings:</p> <p style="text-align: center;">_____ . _____ (parts/million) µg/mL</p>			
Date Received:		Laboratory Number:	
Date Reported:		Technologist:	

